

Division of Behavioral Health Services

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TO: RBHA and TRBHA CEO's and Clinical Leadership

FROM: Dan Wendt
ADHS/DBHS Policy Office Manager

**SUBJECT: POLICY CLARIFICATION: DETERMINING CO-PAYMENTS FOR
METHADONE TREATMENT FOR TITLE XIX/XXI AND NON-TITLE XIX/XXI
ELIGIBLE PERSONS**

DATE: April 7, 2004

This memorandum is intended to clarify responsibilities of Tribal and Regional Behavioral Health Authorities (T/RBHA) and their subcontracted behavioral health providers (hereafter providers) in determining co-payments for methadone treatment for Non-Title XIX/XXI and Title XIX/XXI eligible persons.

As described in the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) Provider Manual, Section 3.4, *Co-payments*, providers may assess a co-payment for covered behavioral health services to Non-Title XIX/XXI eligible persons, and in limited circumstances, to Title XIX/XXI eligible persons.

The requirements stipulated in the ADHS/DBHS Provider Manual, Section 3.4, *Co-payments*, do not affect providers' historic practice of assessing a weekly fee (also referred to as a flat fee) for multiple services in conjunction with methadone treatment to Non-Title XIX/XXI eligible persons. The Department recognizes that the practice of applying flat fees may reduce providers' administrative burden of assessing and collecting co-payments and may provide persons with an incentive to seek services in addition to methadone treatment (e.g., counseling, peer support).

This memorandum addresses questions that have arisen regarding:

- The frequency of co-payment collection,
- Determining co-payment amounts for Non-Title XIX/XXI and Title XIX/XXI eligible persons,
- Providers' usage of flat fees in assessing co-payments for methadone,
- Assessing co-payments for in and out of office methadone treatment, and
- Assessing co-payments for multiple services received on the same day.

How often must methadone providers assess co-payments for methadone treatment and related services?

Providers may use their discretion in determining the frequency of co-payment collection. In the past, several providers have chosen to collect co-payments for methadone on a weekly basis, and current policy continues to allow this practice. Providers may collect co-payments at the time that the person receives a service, or they may provide for individually determined installment payments of co-payments.

How do methadone providers assess co-payments for Non-Title XIX/XXI eligible persons?

For Non-Title XIX/XXI persons, co-payment amounts are determined using PM Form 3.4.1, *Non-Title XIX/XXI Co-payment Assessment*. As indicated in part three of the form, *Co-payment Assessment for Non-Title XIX/XXI Persons*, providers may assess a co-payment for services using the Sliding Co-payment Schedule, or they may choose to assess a lesser amount, or waive the co-payment altogether if the charge will create undue financial hardship for the person or his/her family. For example, when a person is receiving multiple services in conjunction with methadone treatment (e.g., counseling, peer support, etc.), the policy allows providers to choose not to assess co-payments on a service-by-service basis. Providers may choose instead to assess a lesser amount, waive the co-payment(s), or come up with an alternative payment plan, such as assessing a weekly flat fee for all services received.

How do methadone providers assess co-payments for Title XXI/XIX eligible persons?

Title XIX/XXI eligible persons should not be assessed a co-payment for methadone. With the exception of visits scheduled by the primary care provider or attending physician and not at the request of the person, providers may assess a \$1 co-payment to Title XIX/XXI eligible persons for doctor's visits associated with methadone treatment. However, providers cannot deny service to Title XIX/XXI eligible persons because of their inability to pay a co-payment.

Can methadone providers assess co-payments with a flat fee?

Historically, many providers have chosen to assess co-payments for methadone using a "flat fee." Flat fees conform to ADHS/DBHS policy if the fee is less than or equal to the co-payment that would be assessed using the Sliding Co-payment Schedule. For example, if the Sliding Co-payment Schedule determines a person's methadone co-payment to be \$2 and the person receives methadone treatment 7 times per week (for a total of \$14 per week) and receives no other services, then charging a flat fee of \$15 per week would be inconsistent with ADHS/DBHS policy.

Does the setting in which methadone is administered affect the co-payment for the methadone treatment?

No. If a provider chooses to assess a co-payment for methadone treatment, the co-payment should be the same regardless of whether the methadone treatment is administered in the provider's office or whether the methadone treatment is administered by the person in his/her home (e.g., in office treatment, take home treatment).

How do methadone providers assess co-payments when a person receives more than one service on the same day?

In the case of persons receiving more than one service on the same day, the person is only required to pay the co-payment of the most costly service. For example, if a person receives methadone treatment and peer support on the same day, the co-payment for the methadone treatment is the only charge assessed. Again, these co-payment fees may be assessed via a weekly fee.

It is necessary that T/RBHA staff and contracted providers have knowledge of and perform in accordance with ADHS/DBHS policy. Please ensure that the information contained in this memorandum is communicated to all relevant internal and subcontracted personnel. If you have any questions regarding this policy clarification, please contact me at (602) 364-4660.